

Henry Ford, who showed us how to do mass automotive manufacturing, revolutionized the manufacturing of cars, whether it was Henry Flagler, who built a railroad on an unsettled land along the East Coast of Florida, brought in the development of my State, whether it was the Wright brothers—these guys were much more than bicycle shop owners. These guys were geniuses who studied the movement of birds. They were the first ones to be able to figure out how—what they called it in the day—a heavier-than-air flying machine could do that. These ideas, and over the years the investments, helped make this country become a global leader in almost everything.

With regard to transportation, we have gotten off course. Rather than making big investments, we keep kicking the can down the road. Today's extension—short-term extension, I might say—of the highway trust fund is one more example of this because it is just putting off what we have to do, which is improve our roads, our rails, and our port infrastructure. That means we have to increase the investments in our infrastructure and focus on the area that will not only create jobs and support our economy but will rehabilitate this infrastructure. Our roads are crumbling. Our bridges are crumbling. Remember a few years ago when the bridge collapsed on the main interstate highway in Minnesota—killing a number of people, injuring others. Our infrastructure is crumbling. We need to do these investments in our transportation infrastructure to make sure it is safe.

In July the Senate stood tall. We had a Republican chairman and a Democratic ranking member, Senator INHOFE and Senator BOXER, and they came together just like that—like it is supposed to be around here—and they passed the highway bill. We call it the highway bill, but it includes a lot more: ports, rail, highway safety, all the things that go on with building a new road, such as sidewalks. We passed that. It passed overwhelmingly. It passed overwhelmingly bipartisan—but then you get to the point of how in the world are we going to pay for it.

That bill included many important provisions that will keep workers on the job. For the first time, the bill included a freight rail program that aims to improve freight across all types of transportation—not just freight but trucks, ports. Of course, what this is going to do is it is going to help us move goods more efficiently, whether they are traveling through a port or on rail or on the highways.

For the first time, this highway reauthorization was a bipartisan reauthorization of Amtrak. Amtrak was last reauthorized 2 years ago—way back in 2013. With a strong commitment from the commerce committee chairman, Senator THUNE, all of us on the committee were able to include provisions that will improve our passenger rail

systems. In the commerce committee, we fought to improve safety and increase investments in our infrastructure. There were many provisions—especially on trucking and vehicle safety issues—that needed to be improved. What we put in the bill was to prevent rolling back safety improvements in transportation.

Here we are. Today we need to pass this bill so we can quickly get to work on the final bill. This is a stopgap temporary message. I urge the House to work toward a bipartisan compromise like the Senate bill rather than weigh the bill down with a whole bunch of ideological things, safety rollbacks and giveaways to industries. This highway bill is too important to get mired in partisan politics. For us to maintain the safety, efficiency, and growth of our transportation system, Congress must put an end to the instability caused by what we are going to have to do today, which is a short-term extension. We can only do this by working together to find commonsense and bipartisan solutions.

I yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SCOTT). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. HATCH. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

OBAMACARE

Mr. HATCH. Mr. President, it has been a while since I have come to the Senate floor to talk about the shortcomings of the so-called Affordable Care Act—a few months at least. The last time I spoke about ObamaCare on the floor, I spoke at some length about the ever-increasing insurance premiums that had resulted from the law's draconian mandates and regulations.

Sadly, as I rise to revisit this subject, things haven't gotten better for ObamaCare. In fact, if the Obama administration's own estimates are to be believed, things are actually getting much worse. As we all know, this Sunday, November 1, marks the beginning of the 2016 open enrollment period for the ObamaCare health insurance exchanges. This is an important milestone for the health care law in large part because President Obama and his supporters have, since the day the law was passed, repeatedly promised that as Americans become more familiar with how the law works, the more they will grow to love it.

ObamaCare proponents wrote off problems in the first year of enrollment as glitches that were to be expected as the country transitioned to a new health care system. Problems in the second year were similarly dismissed as necessary growing pains as everyone learned from the mistakes

that were made the previous year. Now, as we approach the third year of enrollment, supporters of the President's health care law are running out of excuses. At this point, most reasonable Americans—including many who may have initially been huge supporters of this endeavor—expect the system created under the law to work the way it was designed to work.

You know what? The law is working the way it was designed to work. The problem is, it is not working the way the designer said it would work. At the time the law was drafted, the architects of ObamaCare said they can impose all new mandates and regulations on the insurance market, requiring massively expanded coverage above and beyond consumer demand, claiming that any increased costs that resulted from these requirements would be offset when more young and relatively healthy consumers were forced to buy insurance or pay a fine. Of course, they only called it a fine when they were drafting the law and initially selling it to the American people. Now a few years and a Supreme Court decision later, we were all supposed to call that fine a tax, but I digress.

My point is that those who drafted the President's health law and then subsequently forced it through Congress on a strictly partisan basis said their new system would expand health coverage for everyone without increasing costs. In fact, they went further. They claimed that it would actually bring costs down. However, due to the way the law was actually designed, it was never going to work that way.

No matter how many ad campaigns the government charged to the taxpayers and no matter how many talk shows the President went on to encourage hip, young audiences to enroll in the exchanges, the numbers were never going to add up. This is true for one simple reason: For all the attention the drafters of ObamaCare paid to expanding coverage and remaking the health insurance industry, they did not do anything to reduce the actual costs of health care in America.

The problems with ObamaCare are not due to bad marketing, they are the result of fundamental design flaws. Health care costs are the biggest barrier keeping participants out of the insurance market. Health care costs are among the main factors contributing to wage stagnation for American workers. And health care costs continue to be the single largest problem plaguing our Nation's health care system. Yet despite the obvious problems, health care costs were all but ignored when the so-called Affordable Care Act was being drafted, and the few provisions in the law that were aimed at bringing down costs were either poorly conceived, terribly implemented or both.

For example, we had the Consumer Operated and Oriented Plan Program, or CO-OP Program, which was created

to encourage the development of a non-profit health insurance sector. Specifically, under the CO-OP Program, HHS dealt out \$2.4 billion in loans to 23 non-profit startup plans. Many of which were headed not by insurance or health care experts but by political activists with no actual business experience.

Almost immediately we began to hear reports of mismanagement in the program and poor decisionmaking at the CO-OPs themselves. Earlier this year, the HHS Office of Inspector General reported that 21 of the 23 CO-OPs that received loans under the program—loans that were supposed to last for 15 years, by the way—had suffered staggering losses. This, of course, was not surprising given the inexperience of many of the founders of the CO-OPs and the lack of oversight and accountability at HHS with regard to the program.

While a nonprofit insurer may not be focused on avoiding losses, one would assume that, at the very least, staying in business would be a priority. Yet, over the last several months, 10 of the 23 CO-OPs have had to close their doors, with more failures expected in the near future. The latest CO-OP failure was announced just yesterday and took place in my own home State of Utah, hitting pretty close to home for a number of people in my State who are just trying to find affordable health insurance.

Every time one of these CO-OPs fails, they leave patients and customers in the lurch. A failed CO-OP in New York that was called Health Republic and was considered by many to be a flagship for the loan program will leave more than 150,000 customers looking for new insurance when its doors close at the end of the year. And, of course, \$2.4 billion is hardly chump change. Yet that is how much the American taxpayers have shelled out to these CO-OPs, and as of right now, it is unlikely that any of that money is ever coming back.

Despite these obvious problems with ObamaCare, we hear a constant drumbeat from my friends on the other side of the aisle that the law is a smashing success. My friends and colleagues have gotten very good at cherry picking favorable data points to make these types of claims. They will cite an enrollment number out of context or a premium projection that is slightly smaller than one that came before it as evidence that ObamaCare is working and that the only problems with the health care system they so graciously gifted to the American people are the terrible Republicans who have dared to raise objections.

I expect that as time wears on and the number of isolated-yet-favorable data points continues to get smaller and smaller, more people will see this ruse for what it is. Case in point, earlier this month the Department of Health and Human Services released its latest projections for enrollment in the ObamaCare exchanges. For anyone

who has an interest—political, financial or otherwise—in defending the Affordable Care Act, the numbers are not good, and I am being kind when I say that.

The Obama administration projects that in 2016, roughly 1.3 million people will newly enroll in the exchanges. Now, 1.3 million may sound like a big number, however, as always, context is important here. When the law was originally passed in 2010, the Congressional Budget Office projected that we would see an increase of about 8 million enrollees on the exchanges in 2016 compared to 2015. Now HHS is predicting that enrollment will be less than a quarter of that projection.

It gets worse.

In 2010 CBO also projected that by the end of 2016, roughly 21 million patients would be enrolled in plans purchased on the exchanges. Now, HHS projects that the number will likely be less than half of that, probably a little more than 10 million people. In other words, all the rosy claims and predictions we heard at the time the law was passed about the impact these new exchanges would have on insurance markets and premiums were based in large part on the assumption that twice as many people would enroll. Now, by its own terms, ObamaCare is becoming a bigger failure by the day.

Unfortunately, I am not done.

HHS also estimates that there are 19 million Americans who earn too much income to qualify for Medicaid but still qualify for ObamaCare exchange subsidies who still have not enrolled. According to their numbers, a little less than half of these people buy insurance off the exchange without getting subsidies, leaving more than 10 million people eligible for subsidies on the exchanges but still uninsured. The administration also says about half of that eligible-but-uninsured population is between the ages of 18 and 34 and that nearly two-thirds of them are in excellent or very good health.

In other words, a huge portion of those refusing to purchase health insurance on the exchanges, even though they are eligible for ObamaCare subsidies, are the same young and healthy consumers that the Affordable Care Act was designed to coerce into the health insurance market in order to subsidize all of the new mandates and regulations imposed under this law.

The exchanges are failing to attract the very customers they need in order to stay afloat. If they cannot attract more of this prized Democratic base, the ObamaCare exchanges—and with them the entire ObamaCare system itself—will collapse under their own weight.

The question now becomes this: What is keeping these young and healthy consumers from enrolling on the exchanges? Why are millions of people opting to pay a fine and forego coverage rather than purchasing health insurance with the aid of a government subsidy? The answer, for anyone who

wasn't listening earlier, is costs. According to a recent survey by the non-partisan Robert Wood Johnson Foundation, the vast majority—nearly 80 percent—of uninsured Americans who have looked for insurance said that after weighing everything, they could not afford the purchase.

Sadly, the cost problem is only getting worse. As we learned earlier this year, insurance plans in markets across the country have been requesting dramatic increases in their premiums, and those increases have been confirmed as the enrollment date has drawn closer.

Just yesterday I had a number of representatives from hospitals in New York and around New York City say they cannot continue to handle all of the nonpaying emergency room customers. They don't know what to do, and they are in danger of losing the health care systems they have established.

In Minnesota, for example, there are five insurance carriers on the exchange. In 2016, all five will be offering insurance policies with rate hikes in the double digits between 14 and 49 percent.

In Oregon, premiums for the second lowest cost silver plan on the exchange, the benchmark plan, will go up by about 23 percent. In Alaska, that hike will be more than 31 percent. In Oklahoma, consumers on this benchmark plan will see an increase of more than 35 percent in their monthly premiums.

My own State of Utah will not be immune to this trend, unfortunately. Last week, the Deseret News reported that on average insurance rates for plans on Utah's federally run exchange will be 22 percent higher next year.

Keep in mind that these numbers only reflect premiums and do not take into account potential increases in total out-of-pocket costs, which can include things such as copayments or deductibles.

In a sense, all of this creates a vicious, self-perpetuating cycle. The plans on the exchanges, even with the ObamaCare tax subsidies, are too expensive for millions of the young, healthy consumers whom the exchanges need in order to keep the costs down. As a result, not enough members of this valuable demographic segment purchase insurance, causing plans to become more expensive and leading more insurers to drop out of the marketplace.

None of this should be surprising. From the outset, opponents of ObamaCare, including myself and many of my Republican colleagues, predicted this exact outcome. The cycle moves in only one direction: higher costs, fewer choices, and a health care system that offers poorer and poorer care to the American people. Absent some sort of independent and intervening action to bring costs down, there is no scenario in which this gets better. It will only get worse.

I know that some of my colleagues have some specific intervening actions in mind. For example, they would like to see the Federal Government not only regulate the products offered on the insurance market, but the prices as well. And when the inevitable happens—when no private insurance provider can remain profitable in an environment where both product and price are set by the government—these same colleagues will, of course, want the government to step in and provide a plan of its own. In fact, that was what was in many of their minds at the beginning—socialized medicine. They figured this would push us towards it, and it certainly will if we don't change course. Soon enough, because only the government will be able to provide health insurance without the pesky need to turn a profit, the government's health insurance will be the only available option.

I don't want to imply base or bad motives on the part of those who supported health care—by the way, it was a totally partisan vote—but let's be honest about what is going to happen here. A vast group of people on the left are really hoping that the government can do it all, and the government will pay for everything. Somebody has to feed the government too.

Well, in the eyes of many—including, I believe, a number of my colleagues here in Congress—the only way to end the downward spiral we are currently facing under ObamaCare is, as I have said, to create a single-payer health care system. In other words, socialized medicine—where the government provides health care for everybody. We can imagine how the costs are going to go up when that happens.

I made this very claim back in 2010 when the Affordable Care Act was passed, and left-leaning politicians and pundits said it was a paranoid scare tactic. But now, as ObamaCare's downward spiral is becoming more obvious, I suspect that my argument is seeming less farfetched by the day.

Fortunately, the march toward a single-payer system is not our only option. We can take action right now to right this ship. We can control costs. We can take government out of the equation and give patients and consumers more choices.

There are a number of ideas out there that would accomplish these goals. One of them, of course, is the plan Senator BURR and I have offered, along with Representative FRED UPTON in the House. Our plan is called the Patient CARE Act. I have spoken about it at length a number of times here on the floor and elsewhere. While ours is not the only good plan out there, a number of respected health care experts have analyzed the Patient CARE Act and concluded that it would, in fact, bend the cost curve and make health care more affordable for everybody.

Once again, the failure to bring down costs is easily the biggest of ObamaCare's many failures. Our plan

would ensure that Congress does not repeat that failure.

I am well aware that health care policy is a contentious topic around here. I know there are a myriad of views and no shortage of fierce disagreements on virtually all aspects of our failing health care system, but right now, it should be clear to everyone that the so-called Affordable Care Act was grossly misnamed. The law has failed to make health care more affordable, and it has failed to correct far too many of the problems that have long plagued our Nation's health care system. The sooner more of our colleagues—particularly those on the other side of the aisle—recognize and admit this failure, the sooner we can begin to work together on a plan that will deliver real results for the American people and not continue on this spiraling downward path of moving toward socialized medicine where we have one-size-fits-all medicine for the people in this country and, frankly, government running it. That has never worked, and it is not going to work in this country.

We need to revamp this program, and we have needed from the beginning to do so. I hope people will listen. I hope the citizens out there will start to pour it on and let everybody know that this is a disaster and that there are ways we might be able not only to stop the disaster, but also to increase good health care, excellent health care for the benefit of our people.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

TRANSPORTATION BILL AND POSITIVE TRAIN CONTROL

Mr. MORAN. Mr. President, I wish to speak about a piece of legislation that is pending before the Senate and is expected, as I understand it, to be considered tomorrow, and that would be a short-term extension of the Transportation bill.

While I am tired of short-term extensions of transportation bills, it is my understanding that in this particular case a short-term extension will lead us to a long-term transportation bill. I certainly welcome the opportunity to consider something that would meet the needs of our country—its infrastructure needs, our highways, roads, bridges—for a number of years to come. We have to get to the point at which we are dealing with issues over a longer period of time than we do when we do a short-term extension.

It is also important for us to make certain there is certainty so that the Kansas Department of Transportation and other departments across the country, as well as highway contractors and those who use our highways, can have certainty in what the transportation system—the roads, bridges and highways—is going to be.

There is another issue of uncertainty that is out there, and it has to do with positive train control. Included in the

legislation, extending the time for us to consider a transportation bill, is a provision that extends the deadline for the final implementation of positive train control, a safety issue that has long had consideration here in Congress, and we are well on our way to having positive train control in our rail transportation system, both passenger and freight. But we need to have an opportunity for that implementation to occur over a slightly longer period of time than what was originally planned when positive train control became a mandate, a requirement upon our railroads.

I am pleased that we are going to consider an extension of the Transportation bill that puts us in a position to deal with a long-term transportation bill. I am also pleased—and I wish to spend just a minute or two speaking—about a provision that is included in that extension, and that deals with extending the positive train control implementation.

I wish to thank my colleague from South Dakota, Senator THUNE. He is the chairman of the committee that I am on, the commerce committee. I thank him for his leadership in advancing this effort and allowing us the opportunity to deliver the certainty that we need on this important issue.

There is no allegation that those who are implementing positive train control are inattentive or that they lack desire; there is no suggestion that it is an undue delay, that they are not doing what needs to be done. Every indication we have from all experts is it has nothing to do with a lack of commitment of the railroads; it has to do with the fact that we can't get there in the time that we had hoped for originally when we set forth this requirement.

We know there is a pending implementation date, a deadline of December 31. We know it is unattainable. It is unattainable despite the fact that billions of dollars have already been spent to get PTC installed as quickly and as safely as possible. However, the reality is that without an extension of that deadline beyond December 31, railroads and shippers—that deadline to take the necessary precautions to alter their service standards is imminent. In other words, if they have to comply, they are going to change their schedules, and that has tremendous economic consequences to businesses that depend upon rail transportation. It creates a significant problem in contingency planning required by a shutdown of the supply chain that uses rail transportation. Congress needs to act now.

There are suggestions that I understand from a number of my colleagues that the extension we are going to presumably be voting on in the next day—that the vote be delayed or that the extension be shortened. I want to express my conviction that it is necessary for Congress to act now, not later. Our Nation's economy cannot afford—those who work in Kansas in agriculture, including our farmers and ranchers, and